

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**418000182309**

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To:

Division of Corporations  
Fax Number : (352)617-6383

From:

Account Name : LISETTE PIE SALAZAR PA  
Account Number : I20120000076  
Phone : (305)361-6161  
Fax Number : (305)361-6168

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WATERSONG E&M, LLC**

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

2018 AUG 27 PM 1:02  
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2018 AUG 27 PM 3:39

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WATERSONG E&M, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISETTE SALAZAR

\_\_\_\_\_  
Name of Person

LISETTE PIE SALAZAR PA

\_\_\_\_\_  
Firm/Company

200 CRANDON BLVD. #311

\_\_\_\_\_  
Address

KEYBISCAYNE, FL 33149

\_\_\_\_\_  
City/State and Zip Code

lisette@lpsalazarlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISETTE SALAZAR

305

361-6161

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 FBI - NEW YORK  
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Lourdes Youth Services

No. 0899 P. 5

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 24, 2018

Signature of a member or authorized representative of a member

LISETTE SALAZAR

Typed or printed name of signer

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**Filing Fee: \$25.00**

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